TO HOSPITAL ON

VR A15 (4) 15M 9/59

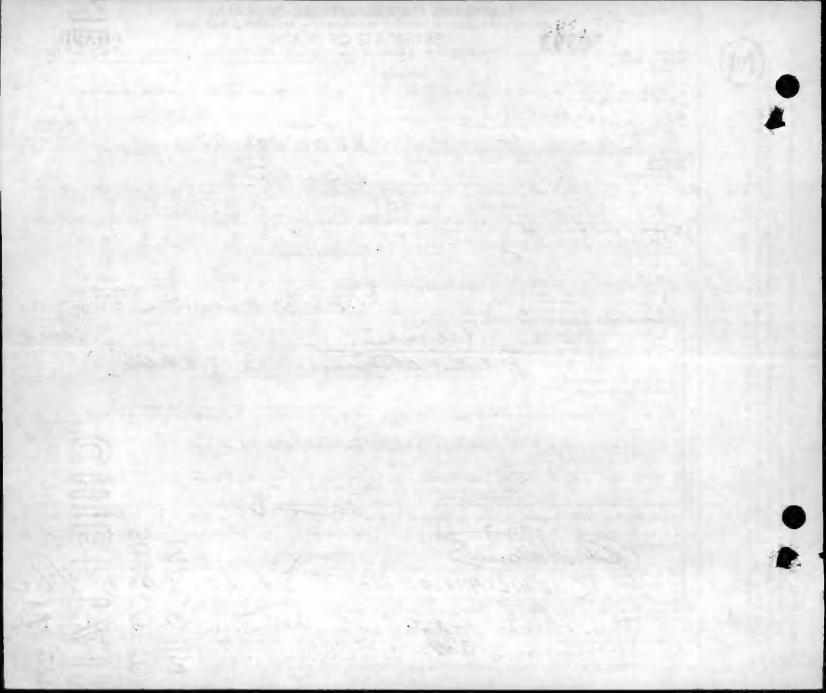
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

- BALTIMORE 1, MARYLAND

00393 CERTIFICATE OF DEATH

00390

1. PLACE OF DEATH a. COUNTY Cabucut MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calouez & Course Cy Hospi	R.F.D. BOX 47 e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle	Banish PEATH Fig. 7 19 62
5. SEX 6. COLÓR OR RACE 7. MARRIED 1 NEVER MARRIED 1 WIDOWED DIVORCED 1	8. DATE OF BIRTH 12 /2 2/18/90 9. AGE (In years lost birthday) 12 /2 2/18/90 147 Jyrs. 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS Buring most of working life, even if relied)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pa. (alizes filt
13. FATHER'S NAME	Margaret Thosas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes_no. of unknown) [II yes, give wor or dates of service)	Remelle & Brinistan mand
1B. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate DIE TO	Twelm - Co of Bladder
couse (a), stoling the under- lying cause last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
20 ACCIDENT WAS INVESTIGATED TO 20% DESCRIBE HOW INVITED OCCURRENT	PERFORMED? YES NO No D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S. (Einer notice of injury in 1 on 1 of 1 of 1 of 1 of 1 of 1 of 1 o
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED And While at work 19 at work 19 at work 19 at work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) clary, street, office bldg., etc.)
21. 1 certify that (1) (this haspital) attended the deceased fram	19 4, 10 Jan 7, 19 62 that (1) (we) last
220. SIGNATURE CANA VIOLOUSE	leath accurred atM, from the causes and an the date stated abave. 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) TO SE VILLARREAL M	22d. ADDRESS Stheonard 17/62
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY Grennatory Blackensbury VIII
21. FUNERAL DIRECTOR'S SIGNATURE Co 3072 Ma	N 21 250. REC'D BY REGISTBAR 256. REGISTRAR'S SIGNATURE L SCLOC DATEIAN 1 1 162 Contag & Known



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00394

CERTIFICATE OF DEATH

6	1 1	N	1	100
1		3	1	1.3

o. county Calve	. 7	MARYLAND	g. STATE	b. COUNTY	ce George
RURAL ond g	WN (If outside corporate limit give nearest town) Frederick	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Suitland	utside corporate limits, write RUR	IAL and give nearest town) 1620-2
d. NAME OF H	OSPITAL (If not in hospital, g	jive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	t County Hosp	ital	37- Randall	Road SE	YES NO
3. NAME OF DECEASED (Type or print)	Fin	Middle Wilde	Burton	4. DATE Month OF DEATH January	Doy Year 18 19 62
5. SEX		7. MARRIED NEVER MARRIED		9. AGE (In years II	FUNDER I YEAR IF UNDER 24 HRS.
Male	White	WIDOWED DIVORCED	August 13. 1	896 65 yrs.	Months Doys Hours Min.
during most of Retire	f working life, even if retired)	DC. Firemen	Washington	- 1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	NE		14. MOTHER'S MAIDEN NA	AME	
Richar	d A. Burton		Sadie Tra	il.	
15. WAS DECEASE (Yes, no. or unknown)	DEVER IN U. S. ARMED FOR	ervice)	INFORMANT	Address ton. 37 Randall	s L Road, Suitland,
gove rise couse (a), st lying couse PARY I	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B			N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	NT WAS UNDERLYING [] JTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort I or Port II of item 1B.)	
Hour 4	INJURY Month, Day, Yea o. m. p. m. 19		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)		(County) (State)
	eceased alive an	11	death accurred at	M, fram the causes and	an the date stated above
22c. PHYSICIA NAME (T ROD	erto de Villa		22d. ADDRESS St. Leona		country) (State)
Burial				Suitland, Mary	
	ctor's signature	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE

PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after dea may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 shall black Board of Health prior to burial, cremation, or removal, and in ally event, within 72 hours after death. TO HOSPITAL OR

VR A15 (4) 15M 9/59

uld be filed with

4.725 4 -The second of the second of th The second of the second second second . S. C. COLOUR AT THE COLOUR STREET Applicate the service of the control of the service of the service

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, OR STATE Ttem 2 Film 0305 USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) I. PLACE OF DEATH e. COUNTY files. Health, e. STATE b. COUNTY MARYLAND Maryland Calvert b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (It outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! 0 Prince Frederick Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS e. IS RESIDENCE for 13 to the funeral d y be retained for vith the State Boa ON A FARM? YES NO T NAME OF First Middle 4. DATE Local Month Doy Year DECEASED DEATH (Type or print) 1962 CHES Jan. 2 with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. 5 SEX last birthdey) Months Devs Hours Min. and WIDOWED [DIVORCED hours after c Pages 1, 2, an (3. Page 5 m ages 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page 5 File pages 1 and vent within 72 h done during most of working life, even if retired) Hauling Truck driver Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chew Marv Reynold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice Christine Chew, Huntingtown, with in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along buriel-transit promined; and in ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE [0] DUE TO Conditions, if eny, {b} writing the word "pending" to Chief Medical Examiner's C Page 3 should be used as a brit to burial, cremation, or rem geve rise to immediate ceuse DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-611 19. WAS AUTOPSY CERTIFICATION PERFORMED? Found dead in truck NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While 19 62 of work 1/6 Home Prince Frederick. Calvert. Md. to the certificate, v forwarded to the L DIRECTOR: Pared agent, prior to the S: Pa et work 21. I certify that I took charge of the remains described above, held an Autopsy too. Inspection Inquiry and in my opinion Natural causes Undetermined manner Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER DOCK slease execute the should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6, 1962 EXAMINER'S Fisher, M. D. Russell S. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LÖCATION (City, town, or country) 220. BURBAL, CREMATION, 226. DATE THEREOF (State) REMOVAL (Specify)

Youngs

Penkney E. Sewell Prince Freed, Md DATE

Huntingtown

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Cinun S. Thomas

Md /

040 p VS. A15ME SM 9/60

23. FUNERAL DIRECTOR

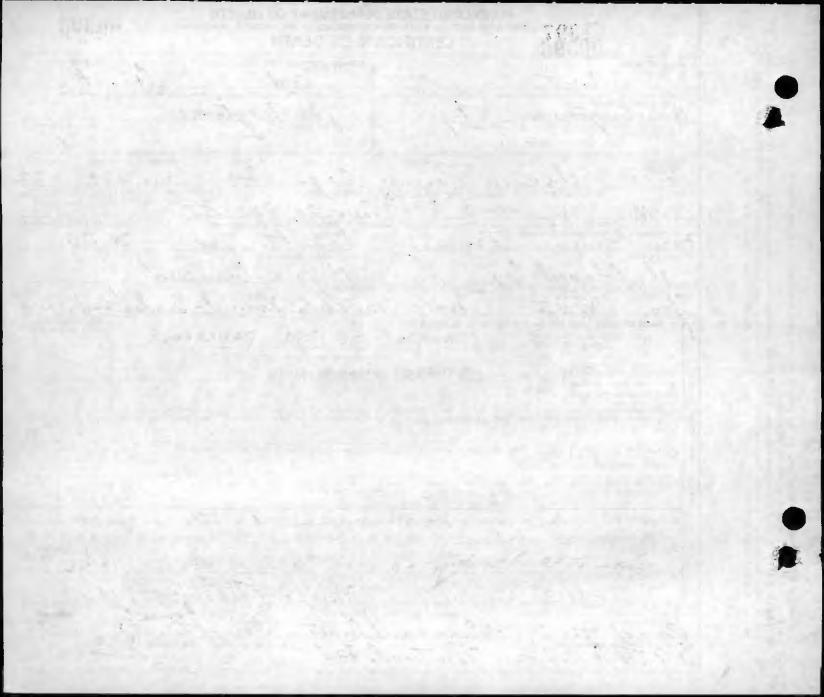
a introduct court . . . 3/11/04 season to be a second of the foreign tiatre or birth catters and the second of the second Contract of the Contract of th Without among the Same Verdille

	<u> </u>				
1. PLACE OF DEATH G. COUNTY Calrect	MARYLAND	2. USUAL RESIDENCE (WI		institution: Residence b	perfore admission)
b. CITY OR TOWN (If autside carporote RURAL and give nearest town)	13	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give	nearest lown)
d. NAME OF HOSPITA (If not in hospit OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	age Rayner) Cay	4. DATE OF DEATH	San.	Day Year 19 6
5. SEX 6. COLOR OR RA	VIDOWED DIVORCED	1 8 DATE OF BIRTH	903 58	theory) Months Do	EAR IF UNDER 24 HRS bys Haurs Min.
10a. USUAL OCCUPATION (Give kind of w during most of Coking life, even if re Tarm Civiler	fork dane 10b. KIND OF BUSINESS OR IN	Cabrelle Cabrelle	or foreign country)		S.Q.
13. FATHER'S NAME	Case of	14. MOTHER'S MAIDEN I	NAME Cyang	bush	
	FORCES? 16. SOCIAL SECURITY NO. 17	ma Yerda	Times -	Sunderla	nel Tus
Conditions, if ony, which gove rise to Immediate	BY: CANCER	OF THE	PANCRE	1	INTERVAL BETWEEN ONSET AND DEATH
lying cause lost.	(c) (c) CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERM	IINAL DISEASE CONDITI	ION GIVEN IN PART 1(4	a) 19. WAS AUTOPS1 PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH	RED. (Enter nature of injury in	Part I or Part II of item	18.)	,
20c. TIME OF INJURY Month, Day, Hour o.m. p. m.	Year 20d, INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, for factory, street, office bldg., etc.)		(Cour	nty) (State
	oital) attended the deceased from Jan. 81962, and that				
22a. SIGNATURE	1. 10 . Justomo (1-	M.D. PHYS.	AED. STAFF	n 1/:	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) IJSAM F. El-DA	AMAlouji, M.D.	PRINCE	FREDER	icis, n	11>
230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	EREOF 23c. NAME OF CEMETER	or Crematory	Calred	town, or county)	(Stote) Tuel
24. FUNERAL DIRECTOR'S MONATURE	an - muluas	P, Trus 256 REC	- 0 100	b. REGISTRAR'S SIGNA	TURE

erol director, uld be filed with may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall the State Boord at Health priar to buriaf, crematian, or remaval, and in any prent, within 72 hours after death. HYSICIAN: The law requires that the death certificate life executed within 24 hours after TO HOSPITAL OR

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

AAAAH

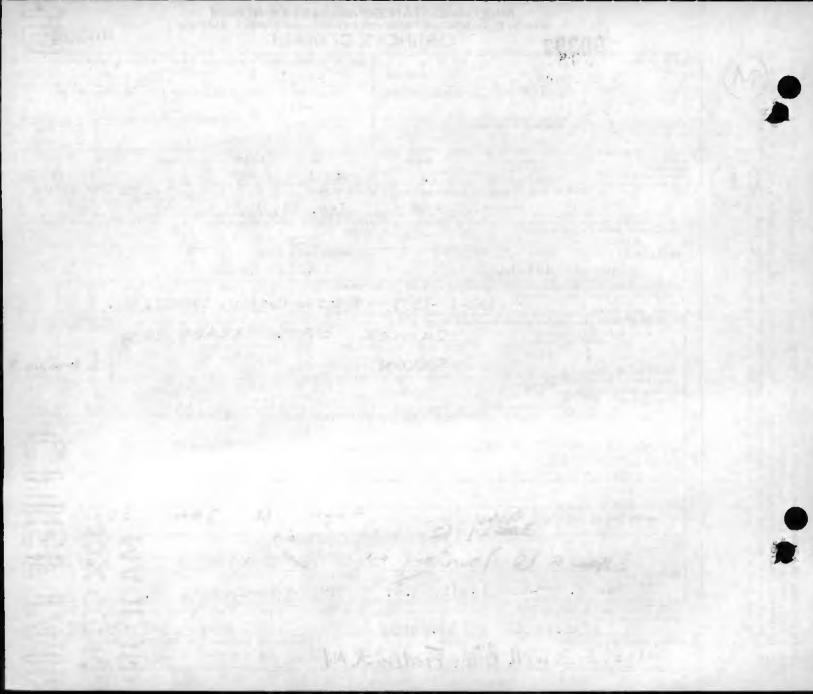
011394

	11113377		CERTII	ICAIL	. OI DEA				
1, PLACE OF DEATH 6. COUNTY	Calvert		MARY	rland 2	usual residence	(Where deceased	lived, If institut b. COUNTY	ion: Residence Calvel	before admission)
RURAL and give_r	(If outside corporate limi recorest town) OWELLS	ls, write	c. LENGTH OF STAY	IN 1b	Z Dowel	(If outside corpore	ote limits, write l	RURAL and give	e nearest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	55			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lil	lian	Middle V		Curtis	4. DATE OF DEATH	Mo: 1		Day Yeor 16 1962
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	-	Jan. 1	4.1898	last birthdoy) 64 yrs	Months De	YEAR IF UNDER 24 HR oys Hours Min.
during most of wor	ON (Give kind of work or king life, even if retired)		KIND OF BUSINESS C	OR INDUSTR		Stote or foreign con Vland	untry)	12. CITIZE	N OF WHAT COUNTRY
3. FATHER'S NAME	1 77. 4	7. 2			14. MOTHER'S MAID				
	erset Hut				Nanni	le Coat			
	ER IN U. S. ARMED FOR (If yes, give wor of dates of s	envice] _	52-14-55		Webster	Curtis,		dress 1, Md.	•
Conditions, if a gove rise to couse (a), stating lying couse lost.	immediate DUE TO)	201			25 201			S Moulu
<u> </u>	THER SIGNIFICANT CON							VEN IN PAKE I	PERFORMED?
	AS UNDERLYING AS CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED. (Enter noture of injul	ry in Port I or Port	II of (fem 15.)		
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PLACE foctor	OF INJURY (Home, y, street, office bldg	farm, 20f. (City	or town)	(Cou	unty) (Stot
21. I certify the saw the deced	at (1) (this hospital	ghave	- 4 / 02		th occurred of	A.M. from 1	JAN. the couses a		that (I) (we) lo
1	J. 71 mass.	2-1	ruelous 1	[& M.		MED.	STAFF PHYS.		1/18/6
22c. PHYSICIAN'S NAME TAPE	am F. E'-	Dama	louji, M.	.8.	Prince	e Freder	rick, N	Md.	or was that we want this was the was the part the same and the
23a. BURIAL, CREMATI REMOVAL (Specify	Jan.19,	-	23c. NAME OF CEM		REMATORY	_	Bby, C	or county)	t, Md.
24. FUNERAL DIRECTOR	and page	11. 8	ADDRESS HINGP FARE	toric	1 . 1	REC'D BY REGISTR		ISTRAR'S SIGN	

PHYSICIAN: The law requires that the Leath certificate be executed within 24 haurs aft may be retained the limited or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 into 5tate Board at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR

VR A1S (4) 15M 1/59



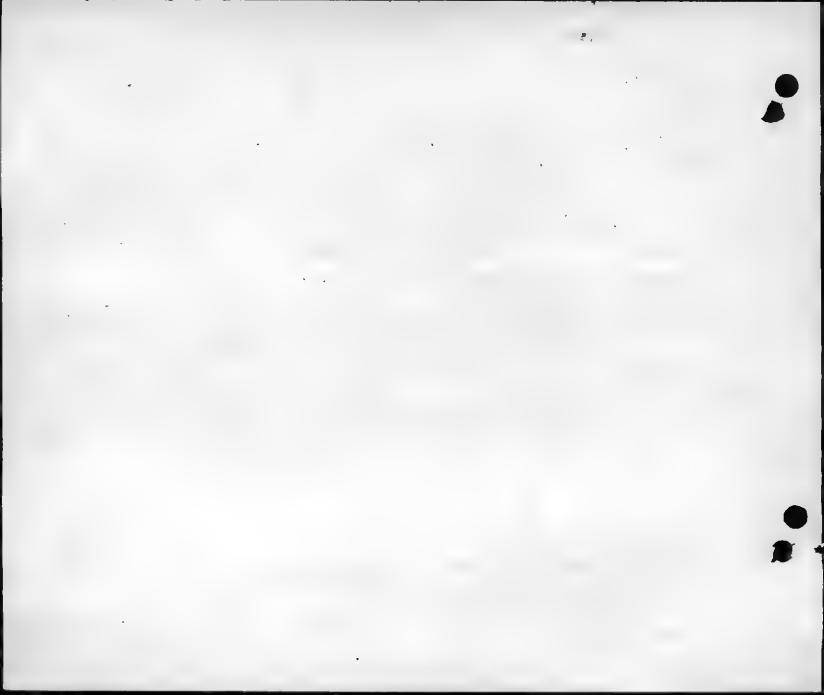
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00398

00295

	1. PLACE OF DEATH o. COUNTY COLORES	MARYLAND 2	STATE	ere deceased lived. If in b. CO		e admission)
4	b CDY OR TOWN (If autside carporate limits, write c LENG DURM and give negrest tays)	2 days	c CITY OR TOWN (IF	utside corporate limits, v	rite RURAL and give rea	rest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ALLEMANTE TOTAL	til	d. STREET ADDRESS			ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle	Hioth	4. DATE OF DEATH	Month Do	1962
	S SEX 6 COLOR OR RACE 7 MARRIED 1 WIDOWED 1 10a JSUAL OCCUPATION (Give kind of work done 10b KIND O	DIVORCED	DATE OF BIRTH	9 AGE OF last Buth	yrs Months Days	Haurs Min WHALCOUNTRY?
}	during most at working life, even if retired)	mo	14 MOTHER'S MAIDEN N	es, ma	1,	L.a.
	15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (Yes, no. or whenown) (If yes give wor or dates of service)	SECURITY NO 17 INFO	RMANT Janes	With	Address Salema	ze md.
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO), (b), and (c)]	Hemr	hose		RVAL BETWEEN ET AND DEATH
^	gave rise to immediate cause (a), stating the <u>under</u> DUE TO					
Q	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB					PERFORMED? YES NO
		OW INJURY OCCURRED. {	(Enter nature of injury in t	Part I or Port II of item		
	Y 20c. TIME OF INJURY Month, Day, Year 20d. INJURY C While No of wark of old	ot while factor	E OF INJURY (Home, form ry, street, office bldg., etc.		(County)	(State)
	21. I certify that (I) (this haspita) attended the saw the deceased alive an 19		th accurred at	M, from the caus		stated above.
	22c. PHYSICIAN'S Au Illower NAME (Type)	M.C	D. ATTENDING MI PHYS. DI	RECTOR D STAFF		27/6 SIGNED
ĺ	de Victory	I RI EAC	CREMATORY //	23d LOCATION (City,	lown or county	(Stote)
	Bureas Jan 28, 1962 St	·lomous.	Methodist	Solon	REGISTRAR'S SIGNATU	ella. mi
	24 FUNERAL DIRECTOR'S SIGNATURE AT A THE SIGNATURE AT A THE SIGNATURE AT A SIGNAT	opress Mentica	DATE JA	100	we 2. I have	

TO HOSPITAL OR ACKIND PHYSICIAN: The tow requires that the death certificate be excerted within 21 hours after may be retained to the part of the part

VR A1S (4) 15M 9/59



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES **BALTIMORE 1, MARYLANI** DICAL EXAMINER'S HEALTH DEPT. 1. PLACE OF WEATH 2. USUAL RESIDENCE (Where deseased I.vad, If institutions Residence be ore a set ssion) a COLNTA a. STATE b. COUNTY of Health, 4 b) CM OR TOWN (if out) & corporate I. rite RURAL and give nearest town) This certificate should be executed within 24 hours after death. If any delay is word "pending" in Rencil in Item 18. Give Pages 1, 2, and 3 to the funeral discording. Boar NAME OF HOSP TAL OR INS TUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? he State B YES NO IX death. 3. NAME OF DATE Laste 4. Month Dev DECEASED OF ihe DEATH (Typa or print) 190 with 6. COLOR OR MACE MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. Rage 5 may as 1 and 2 with in 72 hours at Months Hours Days WIDOWED DIVORCED floar USUAL OCCUPATION (Give And of work do During most of working liled even if retired 106 WIND OF BUSINESS OR I 12. CITIZEN OF WHAT COUNTRY? pages 1 FATHER'S NAME E event Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) (If yesg vewerogdates of service) Office along with to burial-transit permit amoval, and in any e 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO removal, Conditions, if any, which {b} gove rise to immediate causa 10 ||xaminer's DUE TO (e), stating the undarlying II) ö pesn cause lest. cremation, PARTIL OTHER SIGNIF CANTRONDINONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 writing the word Medical should 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING SCHIBE HOW INJURY OCCURED. (Engl pature of Injury In Part I or Part II of Itam 18.) burial, CAUSE OF DEATH. Chief / 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm,) Of. (C Month, Day, Than 20c. TIME OF INJURY (State) lease execute It, Tertificate, writing should be forwarded to the Chip FUNERAL DIRECTOR: Page its designated agent, prior to be arrory, streat, office bldg., atc.) Not White 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural cause Accident Surcide I Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 200 ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) Address (Street, city, town, or founty) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, Jown, or country (Stete) REMOVAL (Specify) 0 240 b FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24M REGISTRAR'S SIGNATURE VS. AISME. 5M 7/59 S. Thousa



SION	OF	STATISTICAL	RESEARCH	AND	RECORDS	- BALTIA
		CEL	DTIELC.	A TE	OF D	EATL

	DIVISION OF S	TATISTICAL	RESEARCH A	IND RECOR!	DS — BALTIN	ΑÇ
0040	0	CEI	RTIFICA	TE OF	DEATH	

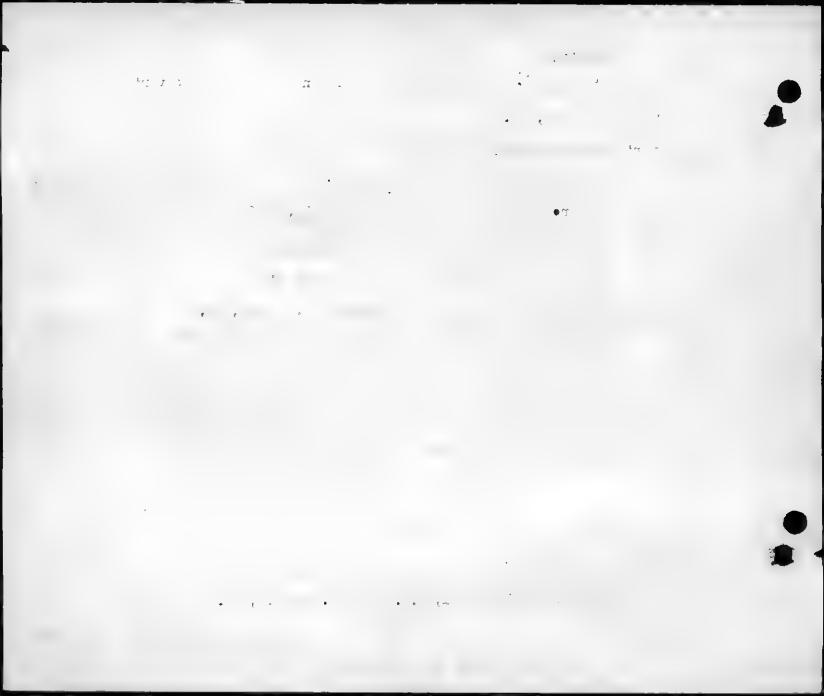
00397

	PLACE OF DEATH			2, USUAL RESI	DENCE (Who	ere deceased	lived. If institution b. COUNTY	on Residence bef	ore admission)
/L	Calvert		MARYLAND	Maryla	und		Calv	rert	
	b CITY OR TOWN (If outside corpore RURAL and give nearest town)		c. LENGTH OF STAY IN 16	Cowings	•	itside corpor	ote I mits, write R	JRAL and give ne	earest town)
, h	Prince Frederic d. NAME OF HOSPITAL (If not in hos	pilal, give street o	oddress)	1 d. STREET					e. IS RESIDENCE
-	OR INSTITUTION		·		72011200				ON A FARM?
F	Calvert County H		441 A II			4 0 4 7 7			
	DECEASED (Type or print)	First	Middle	Gray	11	4. DATE OF DEATH	Januar		19 62
5	S SEX 6 COLOR OR	RACE 7 MARR	IED NEVER MARRIED	B DATE OF BIRT	Н		9 AGE (In years lost birthday)		R IF JNDER 24 HRS
	Male Negre	WIDOWE	D DIVORCED	January	13, 19	962	yrs	Months Days	Hours Min
1	Oa. USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	LACE (Stote o	or foreign co	untry)	12. CITIZEN C	F WHAT COUNTRY
	None	renreal		Marv]	and			IISA	
A i	3. FATHER'S NAME	1		14. MOTHER'S		AME		UUB	
X	2			Tons	E0 (7m)	Dec.			
/ h	S. WAS DECEASED EVER NU S. ARME	D FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	se Gr		Add	ress	
	[Yes, no or unknown] [If yes, give wor or d	gtes of service)	т.			P			
=	18 CAUSE OF DEATH Enter only			ouise Gra	A OM.	ings,	Md.	Like	TERVAL RETNACES.
	PART I. DEATH WAS CAUSE	,	e for (6) (b) and (c).]	2		130	11.00	ON	TERVAL BETWEEN ISET AND DEATH
	IMMEDIATE CA	USE (o)	1- when		7	127	0000		
		DUE TO		,	(
-1	Conditions, if ony, which) gove rise to immediate	(b)							
1	couse (o), stoting the under	PUE TO							
	lying couse lost.	(c)							
	PART II OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO) THE TERMII	NAL DISEASE	CONDITION G V	EN IN PART 1(o)	PERFORMED? YES NO
	PANT II OTHER SIGNIFICAN PANT II OTHER SIGNIFICAN 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING — CAUSE OF LETTER, NOTIFY MEDICAL EXAM	206 DESC DEATH INER)	CRIBE HOW INJURY OCCURR	ED (Enter nature o	of injury in P	ort I or Port	II of item 18.)		
	20c TIME OF INJURY Month, De Hour e. m. p. m.		2	LACE OF INJURY	Home, farm,	20f (City	or town)	(County) (Stote
- 1	Hour o.m.	19 While of work	Not while	octory, street, offic	e blag., erc.		.71		
			-146-1	Jane	3,6	1	Tan!	100 T.	K., 112 1
	21 I certify that (I) (this ho	spriar) arrena		. 1.	====== 17. 	,.IO	1		hat (I) (we) las
	saw the deceased after an	1	19 and that	degrn accurre	g gr	M, fram	ene causes an	ar an the dat	e stated abave
	JE4.1.	ellowe	L1)	ATTENDIN			STAFF		SIGNED
	22c PHYSICIAN'S			M.D. PHYS.		RECTOR [_]	PHYS.		
1	NAME (Type)	1 77 7 7 7			_				
-	Roberto				Laonar				
	REMOVAL (Specify) 236 DATE 1	5-62	Halls C1			23d LOCAT	TON (City town,	Calvet	(Stole) Md.
2	4 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		250 REC'0	BY REGIST		STRAR'S S GNAT	
	Anteners 9	5011	rell. Pr. tr	ed mel	DATE	W 1 8 1	02 .	num 8. th	actual
le	(/, / 3 /	041							
	701	041							

and director, PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained to the following physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shat the Blate Board of Health prior to burial, premotion, or provided and the prior of the death.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

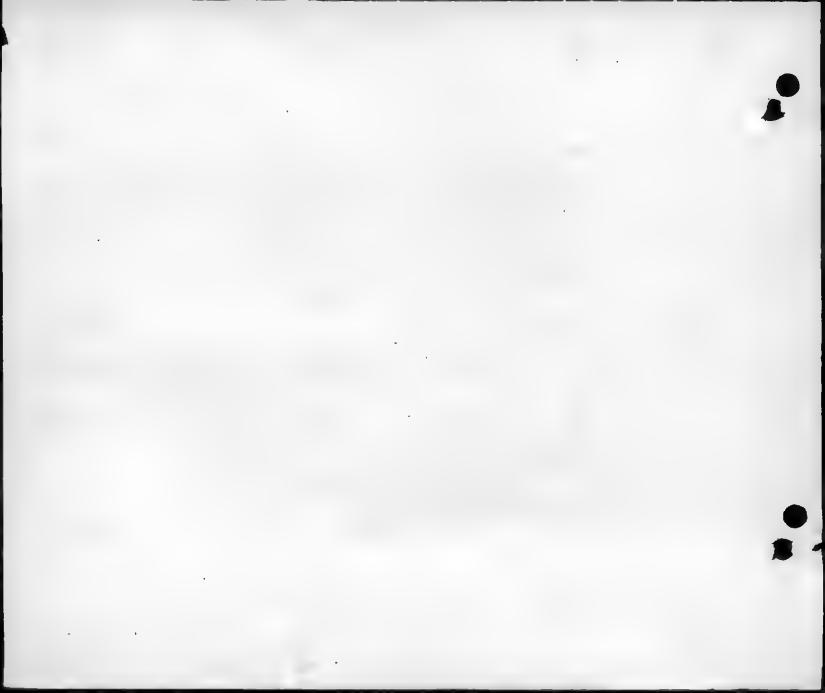
00401

00398

N. /L			O T O T									
IAI		LACE OF DEATH COUNTY	Calvert		MAR	(LAND	2. USUAL RESIDENCE O. SIATE Maryla	(Where decease nd	d lived. If instituti b COUNTY	cal ve		nission)
	1	DITEM A CONTRACT OF THE PARTY O	If outside corporate limit egrest lawn) COW, Md.	s, write	c, LENGTH OF STAY	IN 1b	& Barsto	7		URAL ond givi	e nearest !	own)
X			TAL (If not in hospital, g	ive street (address)		d. STREET ADDRESS				OI	RESIDENCE N A FARM? NO
		NAME OF DECEASED Type or print)	Jame		Middle		Thomas	4. DATE OF DEATH	Man 1	th	_{Боу}	Year 1962
	5 9	Male	6. COLOR OR RACE	7 MARR			B DATE OF BIRTH Dec. ? 1	868	9 AGE (In years last birthday)	Months De	YEAR IF U	
		Farm Lat	king life, even if retired)	lone 10b.	KIND OF BUSINESS	OR INDUS	Maryl Maryl	and	ountry)		S.A.	T COUNTRY?
	13.	FATHER'S NAME					14. MOTHER'S MAIDE		0.00			
* /	,		Remus Thom			17 10	上上で IFORMANT	a Thom	C.G.I			
and f	[Yes	WAS DECEASED EVING, OF UNKNOWN) NO	ER IN J. S. ARMED FOR: (If yes, give war or dates of se		SOCIAL SECURITY NO) / IIN		Thomas		ce Fr	eder	ik,Md
	7	Conditions, if a gove rise to cause (a), slating lying cause lost.	the under-		(Ce :	ek i	Al House	e-cili	aceloni Rg. C/		~ / C	try.
	FICATION						NOT RELATED TO THE TE				PE	NO D
	FDICAL CER	(IF EITHER, NOTIF)	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yeo	While	JURY OCCURRED		ACE OF INJURY (Home, I		y or town)	(Cou	inty)	(State)
	ME		at (I) (this haspital) attend			leath accurred at	12 5 L. ta_	the causes ar) (we) last
E.		220 SIGNATURE	(1/2)	/	7	1	M.D. ATTENDING PHYS.	MED DIRECTOR [STAFF PHYS			22b. DATE SIGNED
4.5	-4	NAME (Type)	AUE (.Te	77		PAR				<	
,	238	REMOVAL (Specify	1/9/6	2	23c NAME OF CEA		it	C	TION (City, lawn, alvert	Coa	Md	State)
1	24	FUNERAL DIRECTOR	es signature 4 E. Sewel	FF	rince Fr	edei	rick Md DATE	JAN 1 2 1	69	STRAR'S SIGN		

PHYSICIAE: Tile law requires that the Beath certificate be exampled within 24 hieurs offer deal an attending physician. TO HOSPITAL OR ATTEND
may be retained to the

VR A



001399

1. PLACE OF DEATH o. COUNTY Calvert MARYLAN	iD 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY LVERT b. COUNTY LVERT	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Lower Marlboro	re nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Calvert County Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Anna Toth ANNA UH	IRIN TOTH 4. DATE Month OF DEATH Jan. 4	Doy Year 6
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	lost birridoy) Months 0	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife 13. FATHER'S NAME	Pennsylvania US	SA
George Uhrin	Anna Mischorvich	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. ng., oz. unknown) [If yes, give wer or dates of service]	7. INFORMANT Address Mrs. George E. Barsh, Lower Mar	lboro, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Esisses l'iossis	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate?	· energenor · noi	10 fran
cause (a), stating the <u>under-</u> lying cause last. DUE TO (c)		soll is
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Hour a. m. p. m. 19 at work at work	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or town) (Co	unty) (State)
21. I certify that (I) (this haspital) attended the deceased fro saw the deceased alive an 10 A·m. 19 62 and the	at death accurred at M. from the causes and an the	
You SIGNATURE [1-83.71 moles]	M.D. PHYS. MED. STAFF	1/5/5/5/SIGNED
DAME (Type) TSSAM F. EL-1) AMALO	OJI PRINCE FREDERI	ck. hd-
23c. NAME OF CEMETER Burial Jan. 8,1962 Mt. Olivet		(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ACCEPTAGE TUNERAL HOMEONINGS, Ma:	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGN	

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death no pital or attending physician.

TO HOSPITAL OR may be retained

VR A1 15M 9

\$ district the special state of the same - ACT - B - DA and the second of the second o thinking a track in the 12-15-1 12- 24 MA CI March 1997 - All Street Muslaun (1-25 France) the same of the sa The state of the s

001400

26-62

13		CERTIFICATE OF DEATH
M	1. P	ACE OF DEATH COUNTY Calvert MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Charles
)	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) BENEDICE OF X 2
+	C	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County We STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	[AME OF First Middle Lost 4. DATE Month Day Year OF DEATH JAN 24 1962
1	S. S	MONTHS Days Hours Min.
1)	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? CARPENTER 13. CITIZEN OF WHAT COUNTRY?
	13.	GEORGE ROBERT WILLIAMS SR. JANE O. DEAN
		VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. of uniformal [If yes, give wor or dates of service] 232-09-3996 ROBERT H. Williams, Benedict, ML.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c) Conditions to immediate couse (o), stoting the under-lying couse lost.
0	RTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO PREPORMED? YES NO PROPERTYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)
	MEDICAL CERT	FEITHER, NOTIFY MEDICAL EXAMINER Oc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram. 1-22, 1962, to Jan. 24, 1962, that (I) (we) last saw the deceased alive an Jan. 24, 1962, and that death accurred at 21 M, fram the causes and an the date stated above. 220. SIGNATURE M.D. PHYS. DIRECTOR
1		12c. PHYSICIAN'S Page C. Jett Prince Frederick, Md.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole) AEMOVAL (Specify) 1-27-62 OLD FIELDS HUGHES VILLE, MD.
0	24. Ti	UNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE AND
THEFT	11	1 The state of the

TO FUNERAL DIRECTOR
page 3 shauld be deta TO HOSPITAL VR ATS (4) 1SM 9/S9

ETANO -3 STATE TO BOST A STATE OF THE PARTY OF THE PAR the second of the second secon